



STATE OF MARYLAND

# DHMH

Maryland Department of Health and Mental Hygiene  
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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**Office of Preparedness & Response**  
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**February 15, 2008**

## **Public Health & Emergency Preparedness Bulletin: # 2008:06** **Reporting for the week ending 02/09/08 (MMWR Week #06)**

### **CURRENT HOMELAND SECURITY THREAT LEVELS**

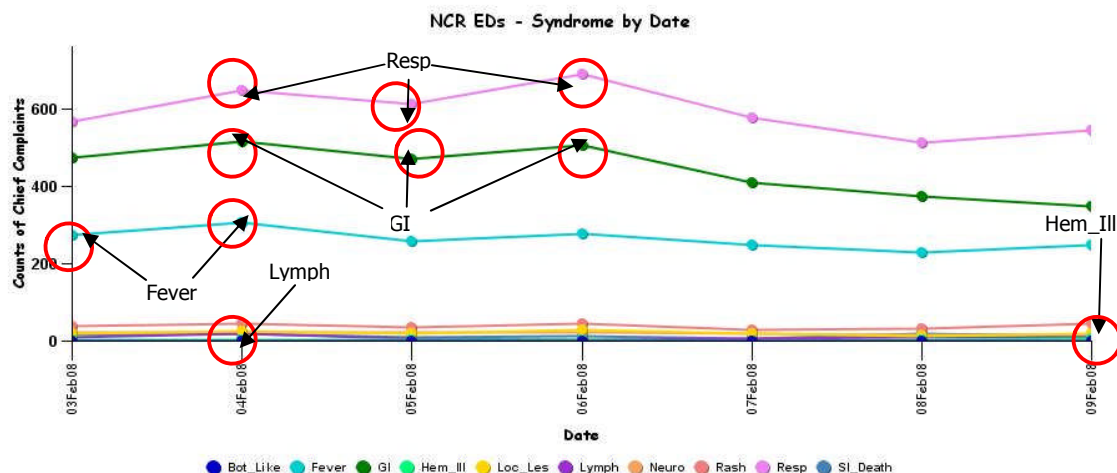
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

### **SYNDROMIC SURVEILLANCE REPORTS**

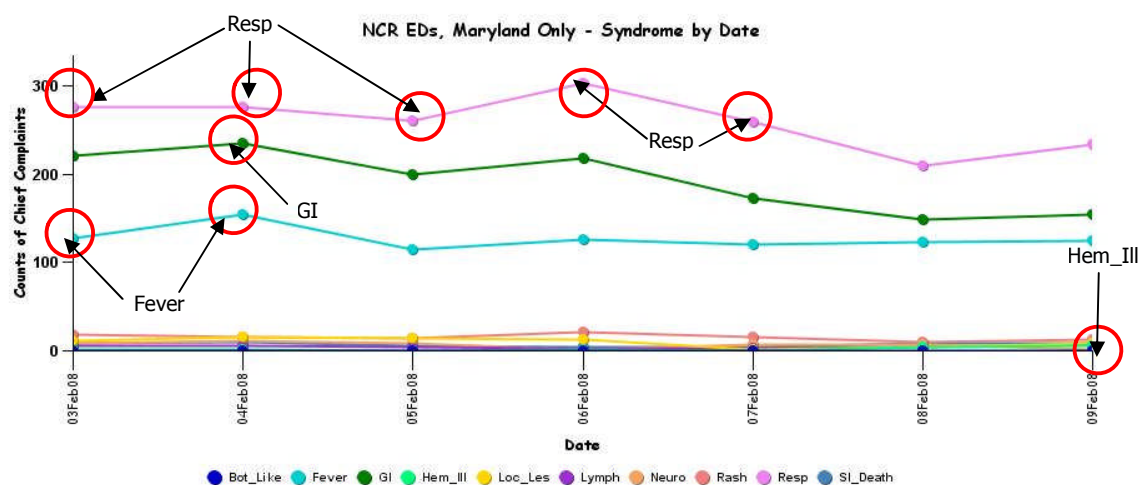
#### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

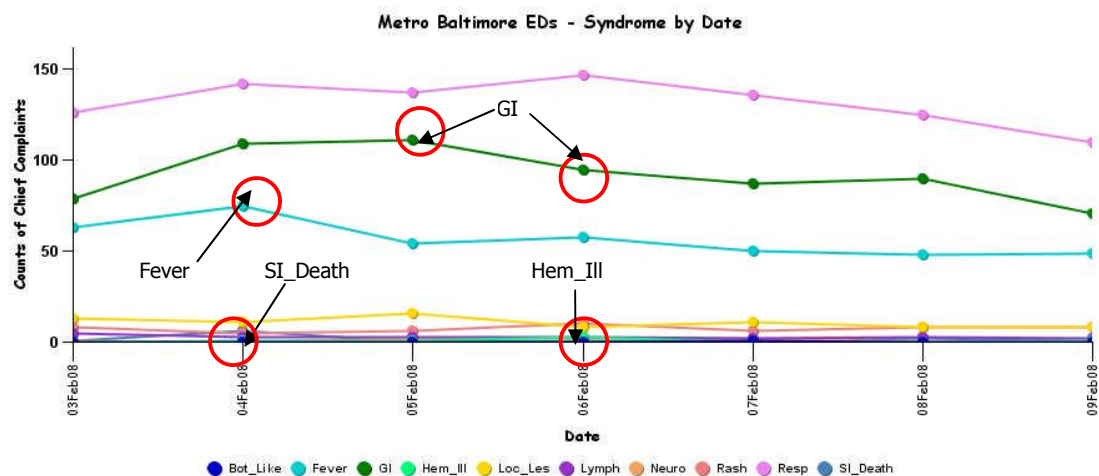
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



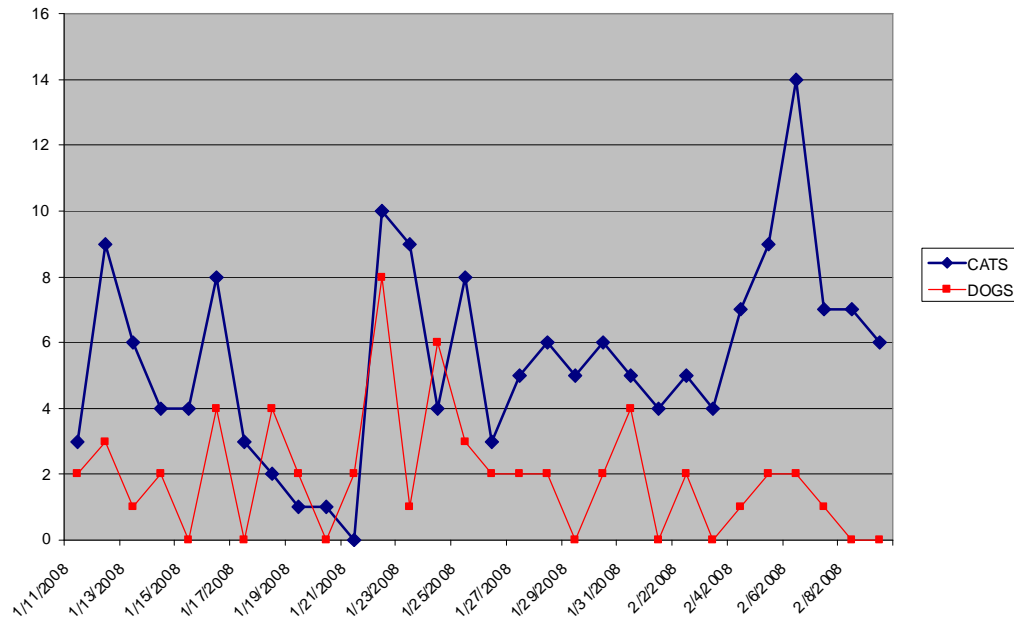
\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

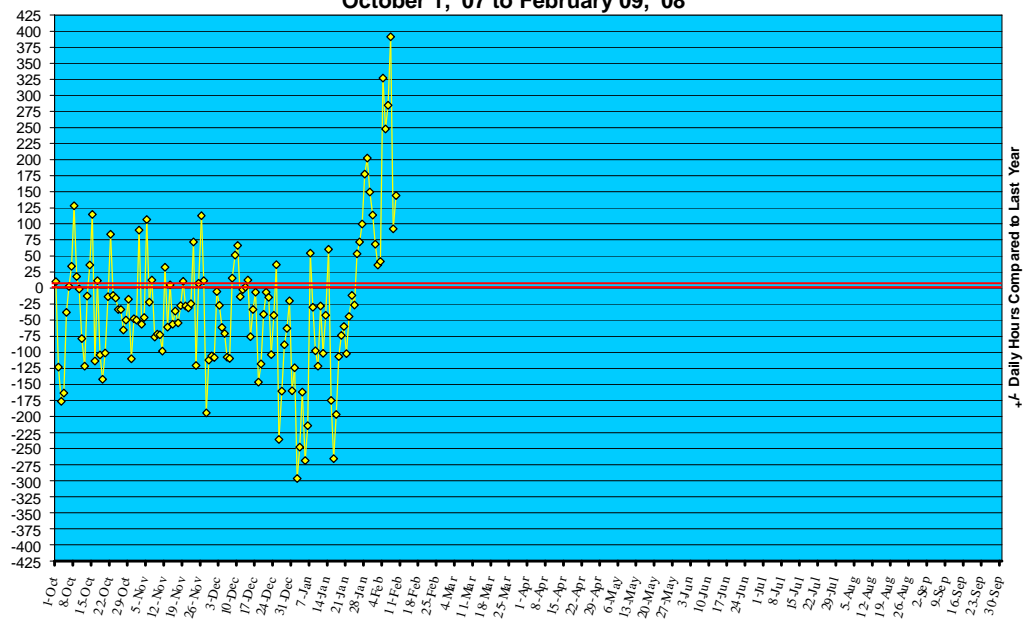
**Dead Animal Pick-Up Calls to 311**



## REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/06.

**Statewide Yellow Alert Comparison  
Daily Historical Deviations  
October 1, '07 to February 09, '08**



## **REVIEW OF MORTALITY REPORTS**

**OCME:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in January 2008 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (Feb 3 – 9, 2008):	15	0
Prior week (Jan 27 – Feb 2, 2008):	12	0
Week#06, 2007 (Feb 4 – 10, 2007):	1	1

**OUTBREAKS:** 11 outbreaks were reported to DHMH during MMWR Week 6 (Feb. 3-Feb. 9, 2008):

#### **6 Gastroenteritis outbreaks**

2 outbreaks of GASTROENTERITIS associated with Nursing Homes  
3 outbreaks of GASTROENTERITIS associated with Assisted Living Facilities  
1 outbreak of GASTROENTERITIS associated with a Daycare Center

#### **5 Respiratory illness outbreaks**

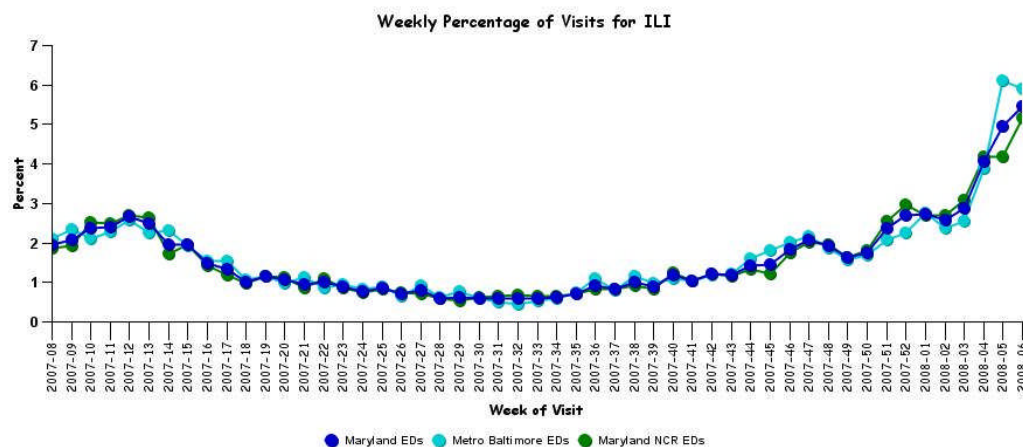
5 outbreaks of RESPIRATORY ILLNESS associated with Nursing Homes

## **MARYLAND SEASONAL FLU STATUS:**

Seasonal Influenza reporting occurs October through May. To date this season, there have been 1384 lab confirmed influenza cases in Maryland. Maryland's influenza activity level for this week is WIDESPREAD.

## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:**

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

**WHO update:** As of February 05, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 359, of which 226 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

**AVIAN INFLUENZA (Pakistan):** 5 Feb 2008, Authorities confirmed on Feb 4 a fresh outbreak of the H5N1 strain of bird flu at a poultry farm on the outskirts of Karachi, the second case in 4 days in the city, a government official said. Authorities have found several outbreaks of the virus in poultry and birds in North West Frontier Province and the capital, Islamabad, since it was first detected in the country in early 2006. The first human case, which resulted in a death, was confirmed in December 2007. The sale of chicken was dwindling, as more than 300 chickens died of bird flu in Lahore. The country was on high alert after bird flu cases were reported in the country. The health authorities created special Isolation Wards and vaccines were being provided to the hospitals to meet any eventualities. The new outbreak was found on a farm only 300m from where an outbreak was detected last week. "Samples taken from it were tested and found positive for H5N1," said Food and Agriculture Ministry official Rafiq-ul-Hassan Usmani. "Some 500 to 600 birds died of the virus and the remaining 5500 chickens at the farm are being culled now." Elsewhere, more than 2000 chickens brought from Hyderabad died in Mangora, Swat. Due to the death of such a large number of chickens the spread of bird flu is feared in the area and the residents have stopped buying chicken. The authorities have taken the alive and dead chickens into custody and have sent the samples of the chicken to Islamabad for further testing. In Punjab 5000 chickens perished due to bird flu virus in village Moor Charwan in Hujra Shah Moqem at a poultry farm. Panic has spread among the owners of the local poultry farms because it is the first incident of bird flu in the area as the local residents avoid purchasing of chicken and eggs due to fear of bird flu while the business of chicken is declining in the market. Meanwhile, Pakistan Poultry Association (PPA) has demanded that the government provide subsidy for the import of vaccine for the prevention of bird flu. They have also demanded that the law, regarding the right distance between 2 poultry farms, must be implemented soon.

**AVIAN INFLUENZA, HUMAN (Indonesia):** 6 Feb 2008, The Ministry of Health of Indonesia has announced 2 new cases of human H5N1 avian influenza infection. The first is a 29-year-old female from Tangerang City, Banten Province who developed symptoms on Jan 22, was hospitalized on Jan 28 and died on Feb 2. Investigations into the source of her infection are ongoing. The second case is a 38-year-old female from West Jakarta, Jakarta Province who developed symptoms on Jan 24, was hospitalized on Jan 26, and is currently in hospital in a critical condition. Investigations into the source of her infection are ongoing. Of the 126 cases confirmed to date in Indonesia, 103 have been fatal.

**AVIAN INFLUENZA (Bangladesh):** 6 Feb 2008, Bird flu has spread to the Bangladesh capital Dhaka and to the port city Chittagong despite efforts by authorities to contain it, livestock officials said on Feb 6. Dozens of dead crows found over the past 2 days in Dhaka have tested positive for the H5N1 strain of bird flu. City authorities have ordered a ban on the sale of undressed chicken in Dhaka markets, the officials said. In Chittagong, officials confirmed the spread of bird flu in several farms and also in crows that tested positive for the strain. The virus has spread to 38 out of Bangladesh's 64 districts and forced the culling of nearly 500,000 birds across the country. Bird flu was first detected in Bangladesh at a poultry farm near the capital last March 2007, but so far has not infected humans in the densely populated country.

**AVIAN INFLUENZA (Hong Kong):** 6 Feb 2008, A dead black-crowned night heron found earlier in southern Hong Kong has tested positive for the H5N1 bird flu virus, authorities in the neighboring region said Feb 1. The dead heron, collected Monday at the Ocean Park, one of the major tourist attractions in Hong Kong, was "confirmed to be H5N1 positive after a series of laboratory tests," the Agriculture, Fisheries and Conservation Department said. The Ocean Park announced on Jan 31 it was to shut down the walk-through aviaries for 21 days after the heron found in the park was suspected of being H5 positive. The black-crowned night heron is a common resident and winter visitor, a spokesman for the Agriculture, Fisheries and Conservation Department was quoted as saying. Hong Kong had recently recorded several cases of dead birds testing positive for the H5N1 strain. Hong Kong has been monitoring bird movements and had many measures in place to contain the spread of the deadly virus. The spokesman on Feb 1 also reminded the public to observe good personal hygiene. "They should avoid personal contact with wild birds or live poultry and clean their hands thoroughly after coming into contact with them," he said.

**AVIAN INFLUENZA (Turkey):** 6 Feb 2008, Turkish authorities said on Feb 5 that bird flu has been detected in poultry in a village in the northwest of the country, the Anatolia news agency reported. The outbreak was discovered in the village of Yenican, Sakarya province, where dozens of chickens died recently, the governor's office said in a statement carried by the agency. "The test results have come back positive," it said, adding that further tests were underway to determine whether the virus was the highly pathogenic H5N1 strain. A 10-km surveillance zone has been set up around

the village, inside which vets have culled nearly 700 animals and carried out health checks on residents, the statement said. Health director Hasan Bektas told Anatolia there were so far no symptoms of the disease among the local population. "All necessary measures have been taken, and there is no reason to worry," the statement from the governor's office said. At the weekend, the Turkish agriculture ministry said it had detected a bird flu outbreak in the city of Samsun on the Black Sea Coast, nearly 600 km east of Sakarya. In January 2006, 4 teenagers were killed in a remote Turkish town near the border with Iran in a major outbreak of the H5N1 virus, which then quickly spread to more than half of the country's 81 provinces. They were the first human casualties of the H5N1 strain outside southeast Asia. In April 2007, Turkey declared itself free of the virus.

**AVIAN INFLUENZA (Ukraine):** 9 Feb 2008, The highly pathogenic virus of bird flu has been found again in Crimea, Ukraine. 2 hens and a rooster were found dead in a private yard in the village Kirovskoe of the Chernmorskoe region. Specimens, taken from dead birds and from additional 2 hens and 2 ducks, have reacted positive for DNA of influenza A, serotype H5 on Feb 6. Additional samples have been sent to the State Research Institute for Laboratory Diagnostic and Veterinary and Sanitary Expertise, Kiev (national laboratory), for reconfirmation. The bird-flu virus was found on Jan 18 in a bird farm of the village Rovnoe, Krasnogvargayskoe region, Crimea. The virus was eventually confirmed to be H5N1.

#### **NATIONAL DISEASE REPORTS:**

**BOTULISM, OLIVE OIL DIP (Multi State):** 4 Feb 2008, A St. Helena, California, maker of an olive oil dip sold through Williams-Sonoma retail stores is recalling thousands of jars of the product after a routine state inspection found that it could potentially harbor the bacteria that cause botulism poisoning. State health officials are urging consumers not to eat Olivier brand Parmesan & Asiago Dip with Garlic and Basil, even if the contents of the product's 11.76 ounce jars do not smell spoiled. No one has been sickened, and no specimens of the botulism producing *Clostridium botulinum* bacterium have been found, said Patrick Kennelly, chief of the Food Safety section at the California Department of Public Health. However, state inspectors on Jan 30 at the Olivier Olive Oil Products Inc. plant found that acid levels in the jars of dip were too low to kill such bacteria. In an insufficiently acidic environment, the bacteria can grow in sealed jars, producing one of the most potent and deadly toxins known. "This is all a precaution," Kennelly said. "We have no evidence of toxin production." The company immediately ordered a voluntary recall of 10,000 jars, about a year's production of the olive oil dip, which contains garlic and basil as well as Parmesan and Asiago cheeses. The products were sold through Olivier stores in St. Helena and Truckee, and are distributed nationwide through Williams-Sonoma. Affected lots are numbered OPA 34171, OPA 23471, OAP 17271, OAP 17671, OAP 36061, OAP 36161, and OPA 33961. Consumers who find a jar with one of those lot numbers are encouraged to call the state hot line at (800) 495-3232. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**CIGUATERA TOXIN, ALERT (Multi State):** 7 Feb 2008, On Feb 5 the US Food and Drug Administration (FDA) issued a letter to seafood processors, advising them of recent illnesses linked to consuming fish carrying the ciguatera toxin, which has led to cases of ciguatera fish poisoning (CFP) in consumers. The toxic fish were harvested in the Northern Gulf of Mexico, near the Flower Garden Banks National Marine Sanctuary, which is located in federal waters south of the Texas-Louisiana coastline. FDA had considered CFP from fish in this geographical area extremely rare until recently, when several outbreaks were confirmed in Washington, DC, and St. Louis, Missouri. The illnesses were linked to fish caught near the marine sanctuary. FDA now considers CFP to be a food safety hazard that is reasonably likely to occur in grouper, snapper, and hogfish captured within 10 miles of the marine sanctuary and amberjack, barracuda, and other wide-ranging species captured within 50 miles of the sanctuary. FDA's letter urges seafood processors who purchase reef fish and other potentially ciguatoxic fish directly from fishermen to reassess their current hazard analyses and update their Hazard Analysis Critical Control Point (HACCP) plans as necessary. Ciguatera poisoning is caused by the consumption of tropical reef fish that have assimilated ciguatoxins through the marine food chain from toxic microscopic algae. The toxins that cause ciguatera cannot be destroyed by cooking or freezing, and toxic fish do not look or taste differently from nontoxic fish. The only way to detect CFP is through laboratory testing. Symptoms of ciguatera poisoning include nausea, vomiting; diarrhea; numbness and tingling of the mouth, hands or feet; joint pain; muscle pain; headache; reversal of hot and cold sensation; sensitivity to temperature changes; vertigo, and muscular weakness. There also can be cardiovascular problems, including irregular heartbeat and reduced blood pressure. Symptoms usually appear within hours after eating a toxic fish and go away within a few weeks. However, in some cases, neurological symptoms can last for months to years. There is no antidote for CFP; symptoms can be treated most effectively if diagnosed by a doctor within 72 hours. CFP is rarely fatal. FDA will continue to monitor the presence of ciguatera in the Northern Gulf of Mexico and the application of seafood HACCP controls by seafood processors. Failure to meet the requirements of the HACCP regulation may result in enforcement actions by the agency. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **INTERNATIONAL DISEASE REPORTS:**

**CHOLERA (Zambia):** 5 Feb 2008, Suspected cholera has broken out in Kitwe's Ipusukilo Township where residents have been drinking water from shallow wells following the closure of water kiosks by Nkana Water and Sewerage Company (NWSC) for non-payment. District director of health, Chikafuna Banda, said 3 people were currently admitted and were

under observation at the District Health Management (DHM) cholera center while 3 others had been discharged. Dr Banda said during a district disaster management meeting, chaired by district commissioner, McDonald Mtine and attended by Town Clerk, Ali Simwinda that the report on the outcome of the tests to determine whether it is actual cholera or not was still being awaited. "People in Ipusukilo are drinking contaminated water after NWSC closed down water kiosks and the water table level has risen. We are currently treating 3 people from the same township for suspected cholera," he said. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents)

\*Non-suspect case

**CHOLERA (Democratic Republic of Congo):** 6 Feb 2008, A cholera epidemic has killed at least 76 people and infected nearly 3000 in Democratic Republic of Congo's southeastern province of Katanga since the start of 2008, health officials said on Feb 6. "This year is worse than most," Katanga's provincial health minister, Augustin Ilunga, said. "There has been a major demographic explosion with the arrival of mining companies. Population has grown. And there are neighborhoods without drinking water or proper sanitation," he said. Lubumbashi, the heavily populated capital of Katanga, and the mining city of Likasi, 90 km to the northwest, have been among the worst hit by the epidemic. Cholera is endemic in many parts of Congo. However, large-scale epidemics in Lubumbashi, which alone has registered 1284 cases of the disease including 18 deaths since the beginning of January 2008, are relatively rare. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, BOVINE (India):** 6 Feb 2008, Animal diseases seem to be stalking Bengal with the district administration in Cooch Behar, West Bengal announcing that the anthrax bacteria was detected in cows that died in Mathabhanga subdivision recently. Cooch Behar district magistrate Rajesh Kumar Sinha said Feb 4 that a family in Bhojanerchhara village, 34 km from Cooch Behar, lost 5 cows on Feb 1. "We had collected the samples and sent them to the animal resource development (ARD) laboratory in Cooch Behar for tests. The result was positive for anthrax." Sinha said another family in the same village had lost one cow to the disease. At Jotpatki, in Mathabhanga, 7 more cows had died on Jan 31 and Feb 1. Samples of these animals, too, have been sent for tests. "Given the situation, we have decided to vaccinate cattle in the area from tomorrow," he added. Animal Resources Department (ARD) sources said all the dead cows were suffering from fever and died after bleeding from the mouth, typical symptoms of cattle infected with the anthrax bacillus. "The dead animals have been buried more than 8 ft underground," said Tapan Roy, the deputy director of the ARD in Cooch Behar. Cows infected with anthrax bacteria do not survive for long and stop giving milk. "There is no cause for panic, but care should be taken not to eat contaminated beef," an official of the department said. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, HUMAN, LIVESTOCK, CONFIRMED (India):** 6 Feb 2008, Anthrax, a highly infectious disease, has killed 5 people in a tribal-dominated district of Orissa, while 5 more cases have been reported from Andhra Pradesh, health officials said. "Five people died of anthrax in the Koraput district of Orissa. We have also received information that 5 anthrax cases have been reported from Nellore area in Andhra Pradesh," Shiv Lal, director of National Institute of Communicable Diseases (NICD), told reporters on Feb 6. He, however, said the outbreak of the disease, which is caused by the spore-forming bacterium *Bacillus anthracis* that is commonly seen among cattle, sheep, goats and antelopes, was not connected with bird-flu, which has created havoc in West Bengal. Anthrax occurs in humans when they are exposed to infected animals or tissue from infected animals. Lal said an NICD team would be leaving for Orissa on Feb 7 to assess the situation. "Both these areas are endemic areas, and earlier, also, anthrax cases have been reported from there," he added. Lal said the people in Orissa were infected with the bacterial infection because they ate contaminated meat, while in Andhra Pradesh, people handled infected animals. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**FOOD POISONING, DUMPLINGS (Japan):** 8 Feb 2008, Chinese dumplings which were laced with pesticide and made at least 10 Japanese people ill were probably poisoned on purpose, Japan's health minister says. The frozen dumplings were contaminated with a highly toxic organophosphate pesticide methamidophos. "Judging from the circumstantial evidence, we'd have to think that it's highly likely to be a crime," Yoichi Masuzoe told reporters. The issue has triggered intensive media coverage and public alarm in Japan. Japanese police say they want to work with their Chinese counterparts to investigate how the dumplings, known as gyoza in Japan, were poisoned. The problem emerged on Feb 6, when 10 people were reported to have fallen ill from the dumplings, thin dough packets containing ground meat and vegetables which are then fried. The dosage of pesticide was sufficiently concentrated to leave one 5-year-old girl seriously ill. By late Feb 7 there were unconfirmed reports of dozens of other cases. The Japanese distributor, JT Foods, quickly recalled the dumplings and other products made by the same Chinese company, Tianyang Food. But China says preliminary tests on 2 batches of the dumplings found them to be safe. The 2 countries have not yet ratified an agreement to allow investigators to travel between them though so any contacts will be made through diplomatic channels. In the meantime the Japanese will try to rule out the possibility that the dumplings were poisoned in Japan after they had been brought in from China. In recent months, Chinese-made products have been involved in several safety scares. But Japan has also had its problems. Last year, confectioners admitted to mislabeling expiry dates on biscuits and rice cakes. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

#### **CDC says influenza B strain doesn't match vaccine**

This article describes the mismatches between this year's influenza vaccine and the currently circulating influenza viruses in the US population. (<http://www.cidrap.umn.edu/cidrap/content/influenza/general/news/feb0808flu.html>)

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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